MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AS FILED AFTER (703) 305-8421 AFTER I"AMENDMENT 1 MAMENDMENT AFTER AS FILED IND. DEP. IND. DEP. AFTER ("AMENDMENT IND. DEP. 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. TOTAL IND A I TOTALIXO TOTAL DEP I **₹**¤ **∳**¶ TOTAL TOTAL DE **€**¤ CLAIMS TOTAL CLADES PTO - 1349 (BES' 11MI) U.S. DEPARTMENT of COMMERCE

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